

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)				Application Number 10/809,812		Filing Date 26 March, 2004		<input type="checkbox"/> To be Mailed					
				Applicant(s) KANAI, KUNIHIKO						Page 1 of 1			
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 02/29/2008		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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50							100						
Total Indep			3				Total Indep						
Total Depend				19			Total Depend						
Total Claims			22				Total Claims						

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